



DoD-VA Partnership Status

22 February 2006



DoD/VA Partnership

- DoD/VA Mission, Vision, Authority
- DoD/VA Council Structure
- Joint Strategic Plan
- Current Legislation
- Future DoD/VA collaboration/BRAC



Vision and Mission

- Vision

A world-class partnership that delivers seamless, cost-effective, quality services and value to our nation

- Mission

To improve the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service members, military retirees and their families through an enhanced VA and DoD partnership



Legislative Authority

- National Defense Authorization Act 2003

The two Secretaries shall: Develop a joint strategic vision statement and a joint strategic plan to shape, focus, and prioritize the coordination and sharing efforts among the appropriate elements of the two Departments.

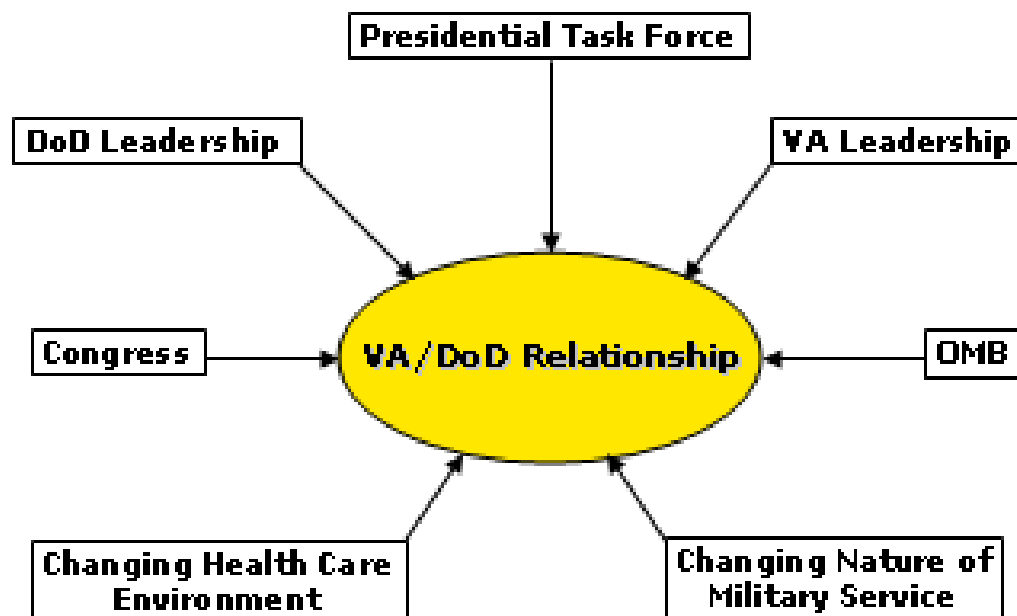


Guiding Principles

- Collaboration
 - Identifying areas where VA and DoD can work together to benefit our Departments and those we serve
- Stewardship
 - Providing the best value for the beneficiaries and the taxpayer through increased coordination
- Leadership
 - Establishing clear policies and guidelines for enhanced partnerships, resource sharing, decision making, and accountability

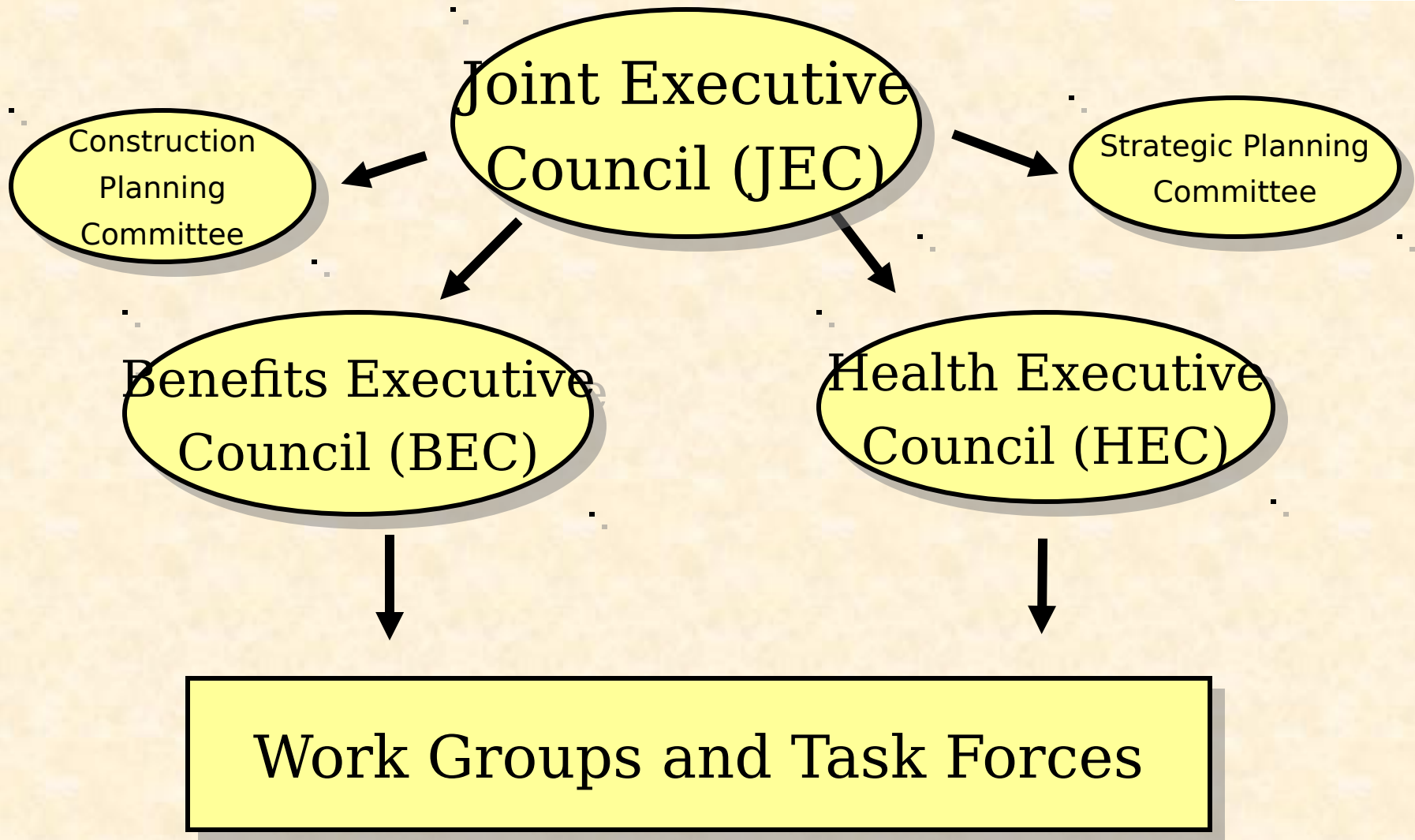


DRIVING FORCES





VA/DoD Executive Council Structure





HEC Work Groups



- Contingency Response
- Deployment Health
- Evidence-Based Guidelines
- Financial Management
- Graduate Medical Education
- IM/IT
- Joint Facility Utilization
- Medical Education and Training
- Medical Material Management
- Mental Health
- Patient Safety
- Pharmacy
- Base Realignment and Closure Impact and Opportunities
 - Ad Hoc Work Group



Joint Strategic Plan

- Joint Strategic Plan Revised for FY2006
 - Aligned and Tightened Objectives
 - Performance Metrics
- Joint Strategic Plan objectives and measures tracked by the work groups
 - Status Reported to the Councils
 - Plan progress and revisions included in the annual report to the Secretaries and Congress



Joint Strategic Plan

- Serves as a roadmap
- Must haves:
 - Leadership Commitment and Accountability
 - High Quality Health Care
 - Seamless Coordination of Benefits
 - Integrated Information Sharing
 - Efficiency of Operations
 - Joint Medical Contingency/Readiness Capabilities
- Incorporates lessons learned from 2 previous JSPs
- As the primary means to advance performance goals, the Joint Strategic Plan is continuously evaluated, updated and improved



Joint Strategic Plan HEC Work Groups

- VA/DoD Joint Strategic Plan
 - HEC co-chairs responsible for plan revision
 - Revisions approved by the Health Executive Council
 - Outstanding issues discussed with specific Work Group Co-chairs
 - Final approval by the Joint Executive Council
 - Objectives and measures are tracked by the work groups
 - Updates to the Health Executive and Joint Executive Councils
 - Included in the annual report to the Secretaries and Congress



Current Legislation Impacting Collaboration

- NDAA 2006
 - Section 721 Mental Health Program
 - Program on Mental Health Awareness
 - Section 722 Pilot Projects on PTSD
 - Section 723 DoD Task Force on Mental Health
 - Review of programs to improve the efficacy of mental health to members of the Armed Forces by the Departments
 - Section 731 Pre and Post Deployment Exam Studies
 - Section 735 AHLTA
 - Chronology and description of previous efforts taken to develop and electronic medical record system capable of maintaining a two-way exchange of data between DoD and DVA



Current Legislation Impacting Collaboration

- Section 747 Repeal of Requirement for Comptroller General Reviews of Certain DoD/VA Projects on Sharing of Health Care Resources
- Section 748 Avian Flu
 - Integration of pandemic and response planning
- Section 749 Follow Up Assistance for Members of the Armed Forces after Pre-separation Physical Exams



BRAC IMPACT AND OPPORTUNITY WORK GROUP

Ad Hoc work group charged to explore current and potential health care partnerships between Veterans Health Administration facilities and DoD Medical Treatment Facilities, or other health care resources, affected by BRAC to include an assessment of:

- Existing clinical agreements and any modifications needed to ensure their continued viability and usefulness.
- Effective use of residual infrastructure and resources, including staff utilization and services.
- Joint or integrated provision of care that enables the continued or improved cost-effectiveness of each department's operations while providing undiminished or improved access to care.
- Facilities that are located in close proximity (typically, within 20 miles) e.g. placing a VA clinic on a closing military base.
- If a capital component is the majority or driving force of a potential collaborative opportunity, the work group will work closely with the Construction Planning Committee.



How are we doing?

- Working together during Fiscal Year (FY) 2005, VA and DoD improved the effectiveness and efficiency of health care services and benefits to veterans, service members, military retirees, and eligible dependents. VA/DoD successes in the areas of financial management, joint facility utilization, capital asset planning, pharmacy, medical-surgical supplies, procurement, patient safety, deployment health, clinical guidelines, contingency planning, medical education, and benefits delivery have already enhanced the ability of both Departments to serve beneficiaries, and established the foundation for future improvements.